

"MADE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
 Registered No. 161

1. PLACE OF BIRTH

County Gila State Ariz.
 District or Town Globe or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

George Rayes
 { If child is not yet named, make supplemental report, as directed. }
 3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Aug. 6, 1930
 Month _____ Day _____ Year _____

8.

FATHER
 Full name Sam E. Rayes
 9. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.

10. Color or race

Syrian 11. Age at last birthday 38 (Years)

12. Birthplace (city or place)

(State or country) Syria

13. Occupation

Nature of industry Merchant

14.

MOTHER
 Full maiden name Rose Rayes
 15. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.

16. Color or race

Syrian 17. Age at last birthday 36 (Years)

18. Birthplace (city or place)

(State or country) Syria

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

6 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 6
 (b) Born alive but now dead 0
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 8:10 P. m. on the date above stated.
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper Physician
 (Physician or Midwife).

Given name added from a supplemental report _____

Month, day, year _____

Address Globe, Ariz.

Filed 9/8 1930 E. E. Pughman Registrar

Registrar

792-806-992